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## **FEC FORM 3L**

14021083109

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANT \$20 PM 4: 58 AND LOBBYIST/REGISTRANT PACS

	YPE OR PRINT	Example: If typin	g, type	12FE4M5		
COMMITTEE (in full)	nto	over the lines.	Ę	<u></u>	المهديد الم	
Tammy Baldwin for Sena	ale <u>                                     </u>					
ADDRESS (number and street)	PO Box 696					
Check if different than previously reported. (ACC)	Madişon, CIT	<b>Y</b>	s s	M [	ZIP CODE	
2. FEC IDENTIFICATION NUM	3. IS TH		#1 1	MENDED \)	4. STATE DISTRICT  WI 00  For Candidates Only	
5. TYPE OF REPORT (Choose One)	Heport (°≕	o 20 (M2) [] May 2	0 (M5)	Aug 20	(M8) Nov 20 (M11) (Non-Election Year Only)	
(a) Quarterly Reports:	Due On: Ma	r 20 (M3) 🔲 Jun 2	0 (M6)	[] Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (Q1)	ДД Арг	r 20 (M4) Jul 20 Semi-	(M7) and/or annual Report	Oct 20	(M10) Jan 31 (YE) and/or Semi-annual Report	
July 15 Quarterly Report (Q2) and/or Semi-annual Repo October 15 Quarterly Report (Q3) January 31	Principle City that is	Primary (12P)  Special (12S)		(12C)	This report also covers the semi-annual period  See Line 6(b)	
Year-End Report (YE) and/or Semi-annual Report July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report	POST-Election Report for the:	POST-Election General (30G) Runoff (30R) Special (30S) This report and the semi-annual Report for the:				
6. Covered Period(s)  (a) Quarterly/Monthly/Pre-/Post-Election Covered Period  (b) Semi-annual Covered Period						
This report covers 07 01 2014 through 09 30 2014 and/or July 1 - December 31						
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs  0.00						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Mr. Michael F. Childers						
Signature of Treasurer  Mr. Michael F. Childers  Date  Date  Date  Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office Use Only					FEC FORM 3L 02/2009	